

# Celebrate Highwood's 2024 Evening Gourmet Market Non-Profit Organization Vendor Application

In order to reduce paper use, please note that this application can be filled out on your computer.

1) Save a copy to your hard drive for your records

2) Email the completed form as an attachment to sydney@celebratehighwood.org

- Please note that submission of this application does not guarantee a spot at one of Celebrate Highwood's Evening Gourmet Markets.
- The Celebrate Highwood Committee will review all applications upon submission and will notify applicants of their acceptance at the email address listed below.
- Please note that a 10' x 10' booth space is provided at no charge; however, you are required
  to provide your own table, chairs, signs, tent/canopy and any other equipment
  needed for the evening. Booth location will be provided upon arrival. Please see the Evening
  Gourmet Market Vendor Handbook for more specific information.

Non-Profit Organization Fee for the Evening Gourmet Market is waived (\$0).

Non-Profit Organization:
Contact Person(s):
E-Mail Address(s):
Address:
City/State/Zip:
Phone #: Cell #:
Website:
EIN:
Intention of Participation (Please provide a detailed description of your intention in participating in the Evening Gourmet Market (i.e. hand out informational literature, display items, etc.)):

#### WEEKLY SCHEDULE REQUEST

Please indicate three preferred dates of attendance below (1, 2, 3):
Week 1: June 5
Week 2: June 12
Week 3: June 19
Week 4: June 26 (*NOTE: Inferno Fest)
Week 5: July 10
Week 6: July 17 (*NOTE: Margarita Night)
Week 7: July 24
Week 8: July 31
Week 9: August 7
Week 10: August 14 (*NOTE: Garlic Fest)
Week 11: August 21
Week 12: August 28
*Space is limited – especially for themed Markets.
Will your booth require access to electricity? YES NO
Vendors using electricity are required to bring a 100 ft., 3-pronged outdoor rated and UL

## approved extension cord for each hook-up.

#### VENDOR SUBMISSION CHECKLIST OF REQUIRED DOCUMENTATION

- ✓ Application deadline is Friday, May 17, 2024. Space is limited and may not be available for week(s) requested.
- ✓ **Signed Vendor Affidavit** available on celebratehighwood.org under the Vendor Info page.
- ✓ Depending on your Intention of Participation, you may be required to submit a copy of a current *Certificate of Insurance* (COI) showing general liability of at least \$1,000,000 per occurrence, and naming *Celebrate Highwood* and *City of Highwood* as additional parties insured. They share the same address: 17 Highwood Ave., Highwood, IL 60040. You will be notified if you are required to submit a COI.

#### **CONTACT INFORMATION**

Please e-mail completed application to sydney@celebratehighwood.org.

Please note that submitting an application does not guarantee a placement at the Market. Celebrate Highwood reserves the right to accept/reject any submitted application. You will be notified of acceptance status following receipt and review of all applications.

If you wish to mail a physical copy of this application, please mail it to the following address:

Attn: Evening Gourmet Market Celebrate Highwood 17 Highwood Ave. Highwood, IL 60040

Please bookmark and check our website for news and announcements: www.celebratehighwood.org

### AGREEMENT OF TERMS

I/We swear that all information is correct and complete to the best of my/our knowledge. I/We hereby affirm that I/we have read and understand the CONDITIONS OF PARTICIPATION in the *Celebrate Highwood Evening Gourmet Market 2024 Vendor Handbook* and agree to abide by all rules that have been established for the operation of the Market. I/We acknowledge full responsibility for all activities and conduct. I/We further acknowledge full responsibility for all activities conducted throughout the term of this permit and agree to hold Celebrate Highwood and the City of Highwood harmless and to indemnify Celebrate Highwood and the City of Highwood from any and all claims arising under this permit. I/We also affirm that I/we carry an insurance policy that will protect against liability and that I/we must carry proof of said insurance when attending the Market. Enclosed herewith is my application for the Market.

Printed Name:	Date:	
Applicant's Signature:		

